FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 6:27

DOCUMENT # **823492** **(4)**

1. Corporation Name
CURTISS-WRIGHT CORPORATION

Principal Place of Business	Mailing Address
1200 WALL STREET WEST SUITE 501 LYNDHURST NJ 07071	1200 WALL STREET WEST SUITE 501 LYNDHURST NJ 07071

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/05/1969**
3a. Date of Last Report: **03/22/1994**
4. FEI Number: **13-0612970** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☒ Change ☐ Addition
NAME	BRINSFIELD, SHIRLEY, D	12 NAME	
STREET ADDRESS	1055 RIVER ROAD #S-906	13 STREET ADDRESS	100 Glenview Place #306
CITY-ST-ZIP	EDGEWATER NJ	14 CITY-ST-ZIP	Naples, FL 33963
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	LASKY, DAVID	22 NAME	
STREET ADDRESS	19 HIDDEN LEDGE	23 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD NJ	24 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE	V	31 TITLE	
NAME	BOSI, ROBERT	32 NAME	
STREET ADDRESS	44 OLIVE LANE	33 STREET ADDRESS	74 Cheyenne Trail
CITY-ST-ZIP	RINGWOOD NJ	34 CITY-ST-ZIP	Sparta, NJ 07871
TITLE	V	41 TITLE	☒ Change ☐ Addition
NAME	MUTCH, ROBERT, E	42 NAME	
STREET ADDRESS	13 TANAGER LANE	43 STREET ADDRESS	6 India Brook Dr.
CITY-ST-ZIP	MORRISTOWN NJ	44 CITY-ST-ZIP	Mendham, NJ 07945
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	YOHRLING, GEORGE, J	52 NAME	
STREET ADDRESS	904 RAVENGLASS TURN	53 STREET ADDRESS	
CITY-ST-ZIP	GASTONIA NC	54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	S	61 TITLE	
NAME	TAYLOR, DANA M.	62 NAME	
STREET ADDRESS	36 GLENWOOD DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	MONTVILLE NJ	64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Robert A. Bosi 5/4/95 (201) 896-8400
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Telephone Number

000083 CP